

**ALABAMA CENTER FOR HEALTH STATISTICS
PROBATE LEGITIMATION INFORMATION SHEET & REQUEST FOR
CERTIFIED COPY OF BIRTH CERTIFICATE**

Send this form with court order to:

Center for Health Statistics, P.O. Box 5625, Montgomery, AL 36103-5625

01. Full name of child *at birth*: _____
(Capitalize last name)

02. Full name of child *after legitimation*: _____
(Capitalize last name)

03. Child's date of birth: _____

04. Child's county of birth: _____

05. Mother's full maiden name: _____

06. Mother's date of birth: _____

07. Mother's address: _____

08. Mother's telephone number: () _____

09. Father's full name: _____

10. Father's date of birth: _____

11. Father's state of birth: _____

12. Father's address: _____

13. Father's telephone number: _____

Complete this portion to obtain a certified copy of the new birth certificate. The fee is \$25.00, which includes one copy of the certificate. This fee must be paid before the new birth certificate will be issued. Additional copies of the same record ordered at the same time are \$6.00 each. Payment must be made by check or money order payable to the **State Board of Health**.

Copies: _____ Amt. Paid: \$ _____

Signature: _____

Send birth certificate to: Mother _____ Father _____ at address above.